

United States Government

Department of Energy

Oak Ridge Operations Office

memorandum

DATE: January 20, 2004

REPLY TO

ATTN OF: AD-442:Stotelmeyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR TERRY R. STOELTING**

TO: All ORO, YSO, and OSTI Employees


Mr. Terry R. Stoelting, Physical Science Technician, Albany Research Center, National Energy Technology Laboratory (NETL), has been approved as a leave recipient under the Voluntary Leave Transfer Program. Mr. Stoelting has exhausted all his annual leave due to his current medical condition.

Employees who wish to donate earned annual leave to Mr. Stoelting may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, please forward the form to NETL's Payroll Liaison Officer, Janet Loncharich (MS 921-204), at the Pittsburgh Site. **Note:** If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Human Resources Specialist.



Melanie M. Kent, Chief
Personnel and Management
Analysis Branch

Attachment

U.S. DEPARTMENT OF ENERGY

Replaces DOE F 3660.1

LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name (Last, First, M.I.)

SSN

Donor's Organization

Recipient's Name

Terry R. Stoelting

Recipient's Organization

Albany Research Center
Albany, Oregon

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of _____ hours of my annual leave to the above named leave recipient. I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

Donor's Signature

Date

____ Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account.)

FOR PAYROLL USE

____ hours of leave has been deducted from donor's account.

Name of Payroll Clerk

Phone No.

Signature of Payroll Clerk

Date

____ hours of leave has been credited to recipient's account.

Name of Payroll Clerk

Phone No.

Signature of Payroll Clerk

Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

Chief of Payroll

Date

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.